Image# 12961281338 PAGE 1 / 2

## **FEC FORM 2**

## STATEMENT OF CANDIDACY

|  | e of Candidate (in full)   |   |                          |              |                                    |   |                  |            |         |           |
|--|--|---|--------------------------|--------------|------------------------------------|---|------------------|------------|---------|-----------|
|  | d Christopher Young  |   |                          |              |                                    |   |                  |            |         |           |
| (b) Address (number and street) PO Box 1053  |  |   | Check if address changed |              |                                    | Candidate's FEC Identification Number     H0IN09070 |                  |            |         |           |
| (c) City, S  | State, and ZIP Code  |   |                          |              |                                    | 3. Is This  | New              |            |         | Amended   |
| Bloc   | omington   |   | IN                       | 47402        | 2-1053                             | Stateme   | ent (N)          | OR         | ×       | (A)       |
| 4. Party Affi  | iliation   | 5. Office Sought                        |                          |              | 6. State & Dist                    | trict of Candida                                    | te               |            |         |           |
| REPUB  | LICAN PARTY  | House                                   |                          |              | IN                                 | 09  |                  |            |         |           |
|  | DE   | SIGNATION                               | OF PRIN                  | CIPAL        | CAMPAIG                            | N COMMIT  | TEE              |            |         |           |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of election) |  |   |                          |              |                                    |   |                  |            |         |           |
| NOTE: T  | his designation should be  | filed with the appro                    | opriate office           | listed in th | e instructions.                    |   |                  |            |         |           |
| (a) Name   | e of Committee (in full)   |   |                          |              |                                    |   |                  |            |         |           |
| Fri  | ends of Todd Yo  | ung Inc.                                |                          |              |                                    |   |                  |            |         |           |
| (1) A 11   | ( )  |   |                          |              |                                    |   |                  |            |         |           |
|  | ess (number and street)<br>Box 1053  |   |                          |              |                                    |   |                  |            |         |           |
| (c) City, S  | State, and ZIP Code  |   |                          |              |                                    |   |                  |            |         |           |
| Blo  | omington   |   |                          |              | IN                                 | 47402-1   | 1053             |            |         |           |
|  |  |   |                          |              |                                    |   |                  |            |         |           |
|  | DE   | SIGNATION                               | OE OTHE                  | -D A117      | UODIZED.                           | COMMITT   | EEG              |            |         |           |
|  | DL   |   |                          |              | Representativ                      |   | LLS              |            |         |           |
|  |  |   | _                        |              |                                    | ,   |                  |            |         |           |
| 8. I hereby  | authorize the following nar  | ned committee, wl                       | hich is NOT m            | ny principa  | al campaign cor                    | nmittee, to rece                                    | eive and exper   | nd funds ( | on beha | alf of my |
| candidad   | -  | , |                          |              |                                    | ,             |                  |            |         |           |
| candidad   | -  |   | ipal campaigr            | n committe   | ee.                                | ,   |                  |            |         |           |
| candidad   | cy.  |   | ipal campaigr            | n committe   | ee.                                |   |                  |            |         |           |
| NOTE: T  | cy.  This designation should be of Committee (in full)   |   | ipal campaigr            | n committe   | ee.                                |   |                  |            |         |           |
| NOTE: T  | cy.  |   | ipal campaigr            | n committe   | ee.                                |   |                  |            |         |           |
| candidad<br>NOTE: T<br>(a) Name  | cy.  This designation should be of Committee (in full)   |   | ipal campaigr            | n committe   | ee.                                |   |                  |            |         |           |
| candidad<br>NOTE: T<br>(a) Name  | cy. This designation should be ended of Committee (in full)  ONE   |   | ipal campaigr            | n committe   | ee.                                |   |                  |            |         |           |
| (a) Name NC  (b) Addre   | cy.  This designation should be a set of Committee (in full)  ONE  ess (number and street)   |   | ipal campaigr            | n committe   | ee.                                |   |                  |            |         |           |
| (a) Name NC  (b) Addre   | cy. This designation should be ended of Committee (in full)  ONE   |   | ipal campaigr            | n committe   | ee.                                |   |                  |            |         |           |
| (a) Name NC  (b) Addre   | cy.  This designation should be a set of Committee (in full)  ONE  ess (number and street)   |   | ipal campaigr            | n committe   | ee.                                |   |                  |            |         |           |
| (a) Name NC  (b) Addre   | cy.  This designation should be a set of Committee (in full)  ONE  ess (number and street)   |   | ipal campaigr            | n committe   | ee.                                |   |                  |            |         |           |
| (a) Name NC  (b) Addre   | cy.  This designation should be a set of Committee (in full)  ONE  ess (number and street)   | iled with the princ                     |                          |              |                                    |   | rue, correct and | d comple   |         |           |
| (a) Name NC  (b) Addre   | cy.  This designation should be a confidence of Committee (in full)  ONE  ess (number and street)  State, and ZIP Code  I certify that I have example of the confidence of the | iled with the princ                     |                          |              |                                    |   | rue, correct and | d comple   |         |           |
| candidad  NOTE: T  (a) Name  NC  (b) Addre   | cy.  This designation should be a set of Committee (in full)  ONE  ess (number and street)  State, and ZIP Code  I certify that I have exactly tha | iled with the princ                     |                          | e best of r  | ny knowledge a                     | and belief it is to                                 |                  | d comple   |         |           |
| candidad  NOTE: T  (a) Name  NC  (b) Addre   | cy.  This designation should be a confidence of Committee (in full)  ONE  ess (number and street)  State, and ZIP Code  I certify that I have example of the confidence of the | iled with the princ                     |                          | e best of r  |                                    | and belief it is to                                 |                  | d comple   |         |           |
| candidad  NOTE: T  (a) Name  NC  (b) Addre  (c) City, S  | cy.  This designation should be a set of Committee (in full)  ONE  ess (number and street)  State, and ZIP Code  I certify that I have exactly tha | iled with the princ                     |                          | e best of r  | ny knowledge a                     | and belief it is to                                 |                  | d comple   |         |           |
| candidad  NOTE: T  (a) Name  NC  (b) Addre  (c) City, S  Signature C  Todd Christe   | cy.  This designation should be a set of Committee (in full)  ONE  ess (number and street)  State, and ZIP Code  I certify that I have exactly tha | iled with the princ                     | nent and to th           | e best of t  | ny knowledge a<br>ronically Filed] | and belief it is to  Date  11/26/2012               | 2                |            | te.     |           |
| candidad  NOTE: T  (a) Name  NC  (b) Addre  (c) City, S  Signature C  Todd Christe   | cy.  This designation should be a of Committee (in full)  ONE  The end of Committee (in full)  ONE  This designation should be a committee (in full)  ONE  This designation should be a committee (in full)  This designation should be committee (in full)  This designation should be a committee (in  | iled with the princ                     | nent and to th           | e best of t  | ny knowledge a<br>ronically Filed] | and belief it is to  Date  11/26/2012               | 2                |            | te.     | 7g.       |
| candidad  NOTE: T  (a) Name  NC  (b) Addre  (c) City, S  Signature C  Todd Christe   | cy.  This designation should be a of Committee (in full)  ONE  The end of Committee (in full)  ONE  This designation should be a committee (in full)  ONE  This designation should be a committee (in full)  This designation should be committee (in full)  This designation should be a committee (in  | iled with the princ                     | nent and to th           | e best of t  | ny knowledge a<br>ronically Filed] | and belief it is to  Date  11/26/2012               | 2                |            | te.     | .7g.      |

FEC FORM 2 (REV. 02/2009)

(c) City, State and ZIP Code

## FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003) [ ADDITIONAL ] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Lucky 13 Joint Fundraising Committee (b) Address (number and street) 228 S Washington Street Suite 115 (c) City, State and ZIP Code Alexandria VA 22314-5404 [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)